



# MERIT SYSTEMS PROTECTION BOARD FORM 185-2

## APPEAL OF AGENCY PERSONNEL ACTION OR DECISION

### (Non-retirement)

Complete this form and attach it to MSPB Form 185-1 if you are appealing an agency personnel action or decision (other than a decision or action affecting your retirement rights or benefits) that is appealable to the Board under a law, rule, or regulation. See 5 CFR 1201.3(a) for a list of appealable personnel actions and decisions. If the personnel action or decision is appealable to the Board, you should have received a final decision letter from the agency that informs you of your right to file an appeal with the Board.

Please type or print legibly.

OMB No. 3124-0009

Please submit only the attachments requested in this form at this time. You will be afforded the opportunity to submit detailed evidence in support of your appeal later in the proceeding.

Name (last, first, middle initial)

1. Check the box that best describes the **personnel action or decision** taken by the agency you named in MSPB Form 185-1 that you wish to appeal. (If you are appealing more than one action or decision, check each box that applies.) Attach a copy of the proposal letter and decision letter (if any). If an SF-50 or its equivalent was issued and is available, attach it now; however, DO NOT delay filing your appeal because you do not have an SF-50. You may submit the SF-50 when it becomes available.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Removal  | <input type="checkbox"/> Reduction in grade or pay       | <input type="checkbox"/> Suspension for more than 14 days |
| <input type="checkbox"/> Separation or demotion by reduction in force (RIF)                                       | <input type="checkbox"/> Furlough of 30 days or less     |   |
| <input type="checkbox"/> Termination during probationary period   | <input type="checkbox"/> Denial of within-grade increase |   |
| <input type="checkbox"/> Failure to restore/reemploy/reinstate or improper restoration/reemployment/reinstatement |  |   |
| <input type="checkbox"/> Negative suitability determination   | <input type="checkbox"/> Other action, <i>describe</i> : |   |

2. Date you received the agency's proposal letter (if any) (month, day, year)  
(Attach a copy):

3. Date you received the agency's final decision letter (if any) (month, day, year)  
(Attach a copy):

4. Effective date (if any) of the agency action or decision (month, day, year):

5. Prior to filing this appeal, did you and the agency mutually agree in writing to try to resolve the matter through an alternative dispute resolution (ADR) process?

☐ Yes (Attach a copy of the agreement) ☐ No

6. Explain briefly why you think the agency was wrong in taking this action.

7. What action would you like the Board to take in this case (i.e., what remedy are you asking for)?

CONTINUED ON REVERSE



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## APPEAL OF AGENCY PERSONNEL ACTION OR DECISION

### (Non-retirement)

Please type or print legibly.

8. **With respect to the agency personnel action or decision you are appealing**, have you, or has anyone on your behalf, filed a grievance under a negotiated grievance procedure provided by a collective bargaining agreement?

☐ Yes (Attach a copy)

☐ No

9. If your answer to question 8 is "Yes," on what date was the grievance filed (*month, day, year*)?

Enter the place where the grievance was filed **if different from your answer to question 5 on MSPB Form 185-1**:

Agency Name:

Bureau:

Address:

Address:

City, State, Zip code:

10. If your answer to question 8 was "Yes," has a decision on the grievance been issued?

☐ Yes (Attach a copy)

☐ No

If "Yes," on what date was the decision issued (*month, day, year*)?

You may raise certain other claims in connection with an appeal of an agency personnel action or decision. Such claims must be raised no later than the close of the pre-hearing conference on your appeal. **See 5 CFR 1201.24(b)**. If you wish to raise any of these claims at this time, complete and attach the appropriate form as described below. **Please review the instructions for these forms—and the laws and regulations cited below—carefully. Remember that you are responsible for proving each claim you raise.**

**MSPB Form 185-4A**—For claims that the agency made mistakes in applying required procedures (harmful error) or that the agency violated a law in taking the action or making the decision. **See 5 CFR 1201.56(b)(1), (b)(3), and (c)(3)**. **DO NOT** use this form for claims of a violation of law for which another form is provided; instead, use the appropriate form described below.

**MSPB Form 185-4B**—For claims that the agency action or decision was the result of prohibited discrimination (race, color, religion, sex, national origin, disability, age). **See 5 CFR 1201.151 and 1201.153**.

**MSPB Form 185-4C**—For claims that the agency action or decision was the result of a prohibited personnel practice. **See 5 U.S.C. 2302(b) and 5 CFR 1201.56(b)(2)**. **DO NOT** use this form for whistleblower or veterans' preference claims; instead, use the appropriate form described below.

**MSPB Form 185-5**—For claims that the agency action or decision was based on whistleblowing. **See 5 U.S.C. 2302(b)(8), 5 CFR 1209.2(b)(2), and 5 CFR 1209.6(a)**. (You may also request that the Board **stay** the action or decision by completing and attaching **MSPB Form 185-6**. **See 5 CFR 1209.8 and 1209.9**.)

**MSPB Form 185-7**—For claims that the agency violated your rights under USERRA (other than rights related to the Thrift Savings Plan for Federal employees) in taking the action or making the decision. **See 38 U.S.C. 4324, 5 CFR 1208.11, and 5 CFR 1208.13**.

**MSPB Form 185-8**—For claims that the agency violated a law or regulation relating to veterans' preference in taking the action or making the decision. **IMPORTANT:** If you choose to make your veterans' preference claim in connection with this appeal of an agency action or decision, you may NOT also file a VEOA complaint with the Secretary of Labor. **See 5 U.S.C. 3330a(e) and 5 CFR 1208.26**.